



Sequoia Place

Sequoia Place is a PRAC 202 designed specifically for very-low income seniors over the age of 62. The building has a non-smoking policy effective 1/1/08.

Income Limit:	\$30,600 for an individual	Effective 12/1/2011
	\$35,000 for a couple	Effective 12/1/2011

Sequoia Place has 55 one bedroom apartments with a kitchen, living/dining area, and bathroom. They are 540 square feet each. Apartments are located on three floors; Garden Level, First Floor, and Second Floor. The building has an elevator, and a generator.

Rent: 30% of adjusted gross income for qualifying applicants. Rent includes heat, water, and electricity.

Community Areas include: Community Room with large screen television and kitchen for resident activities, Neighborhood Networks computer lab, library, laundry room, resident storage area, and community garden.

Please call the office to schedule a personal tour of the facility.

Business Hours: 8:00am to 4:00pm Monday through Friday. The office is closed on weekends and holidays. The office phone number is 734-669-8840.

Staff:

Faith Barr – Manager
Kathy Redies - Administrative Assistant
Lilia Zavala – Service Coordinator
Dennis Vogel – Maintenance
Norman Stiner – Caretaker

Waiting List Policy
Sequoia Place
734-669-8840

Applicant must be 62 or over to qualify.

Applicants must meet income limit requirements.

Sequoia Place does not take any deposit at the time of application.

If an applicant is offered an apartment and declines, he/she goes back on the waiting list at his/her waiting list date. If he/she turns down the offer a second time, then he/she must fill out a new application which will then generate a new waiting list date.

Approved by Lutheran Housing Corporation – Ann Arbor
August 20, 1996

Sequoia Place/PRAC 202 for seniors over 62



A non-smoking facility
Managed by Lutheran Social Services of Michigan

Date Received _____ Time Received _____

General Family Information:

Applicant #1

Name			
Current Address			
Home Phone #		Work Phone #	
Drivers License #			Issuing State
Date of Birth		Social Security #	
	Male or Female		

Applicant #2

Name			
Current Address			
Home Phone #		Work Phone #	
Drivers License #			Issuing State
Birth Date		Social Security #	
	Male or Female		

Do you have any pets? Yes _____ No _____

If yes, what kind? _____ Weight _____



1131 N. Maple Rd. #125, Ann Arbor, Michigan 48103
Phone (734) 669-8840 Fax (734) 669-8903



1) Do you plan to have anyone living with you in the future who is not listed above? **Yes or No** If yes, please explain: _____

2) Do you or a member of your family require the special features (roll-under countertops, lowered light switches, raised electrical outlets and ample floor space in order to turn a walker or wheelchair around) of a unit designed for persons with mobility impairment? **Yes or No**

3) Do you live or have you ever lived in subsidized housing? **Yes or No**

If Yes, where? _____

When? From _____ To _____.

Were you evicted? **Yes or No** If Yes, did you owe rent? **Yes or No**
If Yes, how much did you owe? \$_____.

4) If you are now renting, who is your landlord?

Name & Address: _____

Telephone Number: _____

Who was your previous landlord?

Name & Address: _____

Telephone Number: _____

5) Have you or any member of your household ever been convicted of a felony, or a misdemeanor other than a traffic violation? **Yes or No** If yes, please explain: _____

6) Do you or any member of your household use an illegal drug or other illegal controlled substance? **Yes or No** If yes, _____

7) Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? **Yes or No** If yes, please explain: _____

8) Have you or your spouse/co-applicant ever used different names from the names given on this application? **Yes or No** _____

9) Have you or any members of your household ever used social security numbers different from those listed on this application? **Yes or No** _____

10) How many vehicles does the family own? _____.

List make, color, year, license plate number and state for each:

11) How did you hear about this property, (ex..) newspaper, word of mouth, etc.?

12) Please give three (3) references (**other than family**). Please include Name, Address and Telephone Number.

VERIFICATION CHECKLIST: (preliminary)

Do you have any of the following assets?

Yes	No	
		Savings Account(s)
		Checking Account(s)
		Interest / Dividends
		Certificates of Deposit / Time Certificates
		Money Market Funds / Treasury Bills
		IRA (s) / Keogh Accounts / Retirement Funds
		Stocks / Bonds
		Trusts; revocable or non-revocable
		Personal Property Held as an Investment (Jewelry, Coins, Antiques, etc.)
		Inheritances / Lottery Winnings (lump sum)
		Homestead and/or property acreage
		Cash on Hand / In Safe Deposit Box
		I have disposed of assets for less than Fair Market Value in the last two years.

		Life Insurance that has cash value
		Other

Do you receive income from any of these sources?

Yes	No	
		Wages, Salaries
		Public Assistance (AFDC or GA)
		Social Security
		Supplementary Security Income (SSI)
		Disability or Death Benefits
		Veterans Administration / GI Bill Benefits
		Military Pay
		Unemployment Compensation
		Workman's Compensation
		Pension and/or Retirement Funds
		Insurance Policies
		Trusts
		Annuities
		Alimony
		Ownership of a business or profession
		Real or Personal Property (Land Contract)
		Severance Pay
		Support from persons not residing in the unit, such as monetary gifts, food clothing, payment of bills, etc.
		Earned Income Tax Credit
		Other

Do you pay any of the following Medical Expenses?

Yes	No	
		Handicap Assistance / Auxiliary Apparatus
		Medical Insurance Premiums
		Medicare
		Prescriptions / Medical Bills
		Other

I am a smoker _____ I am a non-smoker _____

I certify that to the best of my knowledge all statements on this application are true and complete to the best of my knowledge. When circumstances change, I will notify the manager to determine my continued eligibility for a federally assisted housing program in accordance with the regulations of the Department of Housing and Urban Development (HUD).

Applicant Signature: _____

Date: _____

HOUSEHOLD FINANCIAL INFORMATION:

For each household member, please list each **type of income** that your household receives. Be sure to name the source of income, payment amount and the expected frequency of payment. On a separate sheet, list all addresses for verification.

<u>Name</u>	<u>Source of Income</u>	<u>\$ Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list **assets** owned by any household member. (checking & savings accounts, IRAs, Stocks & Bonds, etc.) **INCLUDING ASSETS DISPOSED OF DURING THE PAST TWO YEARS.** On separate sheet, list addresses for verification.

<u>Name</u>	<u>Type of Asset</u>	<u>Balance</u>	<u>Interest Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that applicants who have been convicted of: a felony sex offence; a violent crime resulting in injury or death; arson or possession/use of a controlled substance, may not be selected for tenancy. I give permission to Sequoia Place to run a criminal background check.

Applicant Signature: _____

WARNING: SECTION 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U. S. as to any matter within its jurisdiction.

Please return to: Sequoia Place Elderly Housing, 1131 N. Maple Road,
Office # 125, Ann Arbor, Michigan 48103.

Please indicate race/national origin: American Indian Alaskan Native
Asian/Pacific Islander Black White Hispanic Other (specify)

Applications are recorded and filed according to the date and time. Your early return of this form is important.

This is a preliminary application and gives no lease or rent rights. Additional information will be required to complete the processing of applicants. To keep our waiting list up to date, we ask you to contact our office at (734) 669-8840, every six months (6) months.

Checklist for Eligibility, Income, Assets, and Deductions

This checklist must be completed at each certification. Each adult member of the household (age 18 or older) must complete and sign a separate form. Failure to comply could result in denial or termination of assistance.

Last Name

First Name

M.I.

Yes **No** **Answer Yes or No to Each Item: If there is not enough room to list all items, use additional page.**

Family Composition

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | I have a family member who will be turning 18 years of age in the next 12 months. |
| ☐ | ☐ | I have a child away at school who will live at my residence during school recesses. |
| ☐ | ☐ | I have a family member who is temporarily absent from the home due to employment. |
| ☐ | ☐ | I have a family member who is temporarily absent from the home due to military service. |
| ☐ | ☐ | I have a family member who is temporarily absent from the home due to placement in foster care. |
| ☐ | ☐ | I have a family member who is absent due to a temporary placement in a nursing home or hospital. |
| ☐ | ☐ | I have a family member who is permanently confined in a nursing home. |
| ☐ | ☐ | I am expecting an addition to my family due to pregnancy. Expected due date: _____ |
| ☐ | ☐ | I am expecting an addition to my family due to a pending adoption. Expected arrival date: _____ |
| ☐ | ☐ | I am expecting an addition to my family due to a foster child coming to my home. Expected arrival date: _____ |
| ☐ | ☐ | I am obtaining custody of a child. Expected arrival date: _____ |
| ☐ | ☐ | I have joint custody of the following children: _____ |
| ☐ | ☐ | The above children listed in my joint custody agreement live in my unit at least 50% of the time. |
| ☐ | ☐ | The other parent in the joint custody agreement lives at a HUD property: Name of Prop. _____ |
| ☐ | ☐ | For HUD purposes, I am claiming the children listed in my joint custody agreement as deductions on my HUD-50059. |
| ☐ | ☐ | For IRS purposes, I claim as exemptions on my income taxes the children listed in my joint custody agreement. |
| ☐ | ☐ | I have a live-in attendant for whom I have a doctor or medical practitioner's verification showing a <u>medical</u> need. |
| ☐ | ☐ | The authorized live-in attendant in my household is a relative. |
| ☐ | ☐ | There is a foster child/adult in my household. If yes, how many? _____ |
| ☐ | ☐ | There is a child of a live-in attendant or foster child/adult in my household. If yes, how many? _____ |

Student of Higher Education

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | I am an 18-23 year old student of higher education, am married, <u>and</u> my spouse lives in my household. |
| ☐ | ☐ | I am an 18-23 year old student of higher education, and have children who live with me.
Name(s): _____ |
| ☐ | ☐ | I am an 18-23 year old student of higher education, and am a veteran. |
| ☐ | ☐ | I am an 18-23 year old student of higher education, am a person with disabilities, and was receiving Section 8 assistance on 11-30-05 when the student law was enacted by Congress. |
| ☐ | ☐ | I am an 18-23 year old student of higher education, and am living with my parent(s) in a HUD-assisted unit. |
| ☐ | ☐ | I am an 18-23 year old student of higher education, and have established independence from my parent(s) for at least one year, am not included as a dependent on their income tax filings, and am of legal contract age in the state where I reside. |
| ☐ | ☐ | I am an 18-23 year old student of higher education, and am classified as an independent student for Title IV aid, and meet the US Dept of Education's definition of an independent student. |
| ☐ | ☐ | I am an 18-23 year old student of higher education and have parents who are income eligible in their locality. |
| ☐ | ☐ | I am a student of higher education, have attained the age of 24, and have one or more dependents.
Name(s): _____ |
| ☐ | ☐ | I am a student of higher education, have attained the age of 24, and have no dependents. |
| ☐ | ☐ | I was a student of higher education in the last 12 months, or expect to be sometime in the next 12 months. |



Yes No

Answer Yes or No to Each Item. If there is not enough room to list all items, use additional page.

Citizenship Declaration

- ☐ ☐ I have completed a Declaration Form for myself and any dependents under the age of 18, stating that I am either a citizen, an eligible non-citizen with immigration status, or a non-citizen that is not contending eligibility for subsidy.

Divestiture of Assets

- ☐ ☐ I have sold, given away, or otherwise transferred an asset(s) for less than it was worth. Date of divestiture: _____

Declaration of Assets

- ☐ ☐ I have cash held in my home or in a safety deposit box.
- ☐ ☐ I have assets held in another state. Type: _____ List state(s): _____
- ☐ ☐ I have assets held in a foreign country. Type: _____ List country(ies): _____
- ☐ ☐ I own real estate. How many properties? _____ Name location(s): _____
- ☐ ☐ I have equity in rental property or other capital investments. Name: _____
- ☐ ☐ I have another residence which I will continue to maintain. Name location: _____
- ☐ ☐ I receive rental income from real estate/farmland. Name location(s): _____
- ☐ ☐ I receive income from oil or gas rights. Name location(s): _____
- ☐ ☐ I own a land contract, mortgage or deed of trust. Name location(s): _____
- ☐ ☐ I own a mobile home. Name location(s): _____
- ☐ ☐ I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections).
- ☐ ☐ I own a funeral or trust account that is: Revocable _____ Nonrevocable _____
- ☐ ☐ I have savings accounts. How many? _____ List all institutions: _____
- ☐ ☐ I have checking accounts. How many? _____ List all institutions: _____
- ☐ ☐ I have time certificates/CDs/money market accounts. List: _____
- ☐ ☐ I have IRA's/401(k)/Mutual Fund accounts. List: _____
- ☐ ☐ I have stocks. List all companies: _____
- ☐ ☐ I have bonds or treasury bills. List: _____
- ☐ ☐ I have a retirement/annuity account. List: _____
- ☐ ☐ I have a life insurance policy that is a: Whole Life policy _____ Universal Life policy _____
- ☐ ☐ I have assets other than what are listed above. Describe: _____
- ☒ ☒ I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney, in case I become incompetent. These other persons do not own the assets and receive no income from the assets.
- ☐ ☐ I have joint ownership on one or more of the above assets.

Non-Asset Income

- ☐ ☐ I have a child under the age of 18 with non-employment income. Name(s): _____
- ☐ ☐ I am a student and receive student financial assistance. Source: _____
- ☐ ☐ I am a student and expect to be employed during the summer months.
- ☐ ☐ I receive regular cash contributions or gifts (including utility, phone, cable, or rent, paid on my behalf).
- ☐ ☐ I am employed. List all of the companies you work for: _____
- ☐ ☐ I receive tips, bonuses or commissions.
- ☐ ☐ I am currently working overtime, or expect to work overtime in the next 12 months.
- ☐ ☐ I am self-employed. Type of business: _____
- ☐ ☐ I am a member of an Indian Tribe receiving gaming payments.
- ☐ ☐ I own a small business. Name of business: _____



Yes No Answer Yes or No to Each Item. If there is not enough room to list all items, use additional page.

- ☐ ☐ I receive income from military employment.
- ☐ ☐ I receive unemployment or Worker's Compensation benefits.
- ☐ ☐ I receive Social Security/SSI.
- ☐ ☐ I receive welfare and/or quarterly payments from the Family Independence Agency for the State-paid portion of SSI.
- ☐ ☐ I receive Veteran's Administration benefits or benefits from the GI Bill.
- ☐ ☐ I receive disability or death benefits other than Social Security.
- ☐ ☐ I receive alimony. Name of ex-spouse _____
- ☐ ☐ I receive child support. How many providers? _____ Is it paid directly to Social Services? _____
- ☐ ☐ I've been awarded a judgment for child support, have not been receiving payments, but anticipate making a claim.
- ☐ ☐ I receive adoption assistance payments.
- ☐ ☐ I receive income from annuities, an inheritance, or a nonrevocable trust fund. List: _____
- ☐ ☐ I receive regular payments from insurance policies. List all policies: _____
- ☐ ☐ I receive income from retirement funds. List all companies: _____
- ☐ ☐ I receive income from one or more pensions. List all pensions: _____
- ☐ ☐ I have a pension where funds are paid directly to my former spouse pursuant to the terms of a court decree of divorce, annulment or legal separation.
- ☐ ☐ I receive pension funds from my former spouse pursuant to the terms of a court decree of divorce, annulment or legal separation.
- ☐ ☐ I receive periodic payments from lottery winnings.
- ☐ ☐ I currently have a monthly income benefit reduced to adjust for a prior overpayment.
- ☐ ☐ I received a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months.
- ☐ ☐ I have received a delayed periodic receipt. List agency: _____
- ☐ ☐ I have income from other sources not listed above. Explain: _____

Deductions

- ☐ ☐ I am a full-time student 18 or older, am not the head, spouse or co-head of my unit, and thus am eligible for dependent status in my household. The school I attend is _____.
- ☐ ☐ I am elderly (62 or older), handicapped or disabled.
- ☐ ☐ I pay expenses relating to a handicap or disability.
- ☐ ☐ I pay medical expenses out of my own pocket.
- ☐ ☐ I pay child care expenses out of my own pocket during hours I am employed.
- ☐ ☐ I pay child care expenses out of my own pocket during hours I am in school or looking for employment.
- ☐ ☐ I pay attendant care expenses out of my own pocket.
- ☐ ☐ I pay medical, childcare or attendant care, for which I am reimbursed by an outside source or governmental agency.

CERTIFICATION

I certify under penalty of perjury that all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or termination of housing assistance.

Signature _____

Date _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the S.S. Act at 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7) and (8).



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
☐ Emergency	☐ Assist with Recertification Process
☐ Unable to contact you	☐ Change in lease terms
☐ Termination of rental assistance	☐ Change in house rules
☐ Eviction from unit	☐ Other: _____
☐ Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.